



COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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Bill Ritter, Jr., Governor • Joan Henneberry, Executive Director

Legislative Update, Week of May 7, 2010

Department bill, Senate Bill167, Medicaid Efficiencies and False Claims Act, sponsored by Senator Boyd and Representative Riesberg, was heard on Second Reading in the Senate on Friday. The bill combines a number of efficiencies aimed at strengthening our programs and processes in Medicaid. Some elements include: a state false claims act, which allows the Department to achieve a greater share from Qui Tam (whistleblower) and overpayment recoveries paid by the federal government; a National Correct Coding Initiative that will automatically check provider claim requests to determine if they include contradictory service codes, which will help mitigate a time-consuming and complicated review process which locates the error after the fact; and an internal audit unit to assure compliance with the Department's many responsibilities to the state and federal government. The bill passed on Senate Seconds on Monday and Senate Thirds on Tuesday.

House Bill1005 passed on Monday on House Third reading. This bill comes out of the Health Care Task Force and makes telemedicine eligible for reimbursement under the state's medical assistance program in order to comply with direction from the federal centers for Medicare and Medicaid services. The bill is sponsored by Representative Massey and Senator Foster.

Also on Monday, Senate Bill 002, Concerning Denial of Benefits by Health Coverage Plans, sponsored by Senators Steadman and Keller and Representatives Looper and Primavera, passed out of House Health and Human Services on a 7:4 vote and was referred as amended to House Appropriations Committee. The bill comes out of the Interim Committee on the Developmental Disability Waiting List and requires a health insurance company to notify any known covered person's designated representative of any denial of a benefit and of the right to appeal the denial. The designated representative could exercise certain rights during the appeal processes.

House Bill 1252, Concerning Health Care Services for Breast Cancer Screening, sponsored by Representative Primavera and Senators Boyd and Schwartz, made its way through conference committee this week. First Conference Committee result was to adopt re-engrossed version with amendments; first Conference Committee Result was to adopt re-revised with amendments; and Senate consideration of first Conference Committee Report result was to adopt committee report and repass. The bill requires that breast cancer screening with mammography be individualized for each patient and that if a health care provider deems it to be medically appropriate, a breast cancer screening shall be a covered benefit. In 2009, the general assembly changed the required breast cancer screening coverage provisions to tie them to the recommendations of the U.S. preventive services task force. This bill requires coverage for more frequent breast cancer screening than the task force recommendations if the screening is deemed medically appropriate.

If you have any questions about any of the information contained in this report, please contact Ginny Brown and 303-815-0652 or Nicole Storm at 303-748-5310